ENLISTED COMMISSIONING PROGRAM

PRIVACY ACT STATEMENT

1. Authority. The authority to request this information is contained in Section 532 of Title 16, United States Code. 2. Principal Purpose or Purposes. The information in this document is to determine your eligibility for enlistment or appointment in an officer program of the United States Navy. 3. Routine Uses. The information provided by you is to validate your basic qualifications for commissioned officer status. It will be used for record checks with local, state and federal law enforcement agencies and for investigatory purposes in determining eligibility for security clearance. If you are accepted and appointed, this information will become part of your military service records which are used to provide promotion, training, assignment and other personnel management actions for you. This information is FOR OFFICIAL USE ONLY and will be maintained and used in accordance with Federal laws and regulations. 4. Whether Disclosure Is Mandatory or Voluntary and Effect on Individual of Not Providing Information. Some of the information requested is of a personal and confidential nature, and you do not have to provide such information unless you voluntarily wish to be appointed to officer status. Failure to answer completely any of the questions or to provide the information requested in this form may result in your being refused consideration or selection for an officer program.

NAME (Last, First Middle Initial(s))					RATE			SSN			
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	ENLIST	TED COMMISSIONING P	PROGRAM
		CIVILIAN VIOLATIONS	
DATE	PLACE	CHARGE	FINE OR SENTENCE (if none, so state)
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		ILITARY OFFENSES (Within the past two	
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DATE	PLACE	URT-MARTIAL (Summary, special, CHARGE	general) FINE OR SENTENCE (if none, so state)
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	r certify that to the best of my r	APPLICANT'S PHOTOGRA	
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l ag	gree to reenlist in the regular navy for	a period of six years or extend my presen	nt enlistment as appropriate in order
to I	meet the minimum requirement		
APPLICANT'S SIGN	NATUKE		DATE